

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			19
<b>FORMALITY REVIEW</b>	TM	1061	10/01/01
<b>RESPONSE FORMALITY REVIEW</b>	AM	917	12-04-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1	✓ ✓
2	✓ ✓
3	✓ ✓
4	N N
5	N
6	N
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14	N
15	✓ ✓
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23	
24	✓ ✓
25	N N
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34	N
35	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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